

2006 Food Safety Workshop Registration Form 2006

(Please print clearly)

ServSafe Workshops		Person-in-Charge Workshops	
Class Date	Employee Name	Class Date	Employee Name

Company Responsible for Payment:

Name: _____

Address: _____

Telephone Number: _____ Fax: _____

Contact Person: _____ email _____

Cost:

Person-in-Charge

____ # Employees x **Free** **Sub-total** *Fax Registration*

ServSafe

____ # Employees x **\$85.00/person** \$ _____

____ # Retest x **\$40.00/person** \$ _____

Total enclosed:

\$ _____

*Checks or Money Orders must be made payable to ***"Columbus City Treasurer"***

Return completed registration form with check or money order to:

Food Safety Workshops, Columbus Health Department, Environmental Health,
240 Parsons Ave, Columbus, Ohio 43215

Classes must be paid in advance. No refunds.

Questions:

Contact:
Food Safety Program
Voice Mail: 614-645-7538
Fax: 614-645-7155
Email:
donb@columbus.gov

**Columbus Health
Department**
240 Parsons Ave
Columbus, Ohio 43215
www.publichealth.columbus.gov

Directions:

All classes will be held at the Columbus Health Department. (corner of Parsons Ave. and E. Main St.).

Free Parking is in the rear of the building by the main entrance.

The drive way is at the north end of the building off Parsons Ave. First Driveway South of Town St.

From the North:

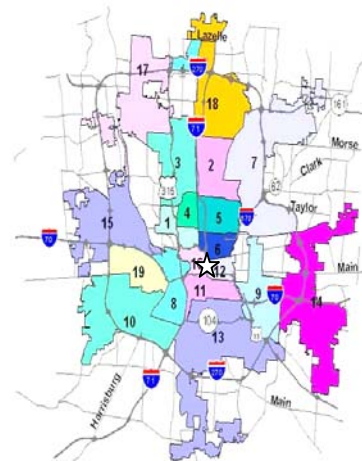
Take 71 South to the Broad St. exit. Turn left (east) on Broad St. to Parsons Ave. Turn Right on Parsons Ave.

From the South:

Take 71 North to the Broad St. exit. Turn right (east) on Broad St. to Parsons Ave. Turn Right on Parsons Ave.

From East or West:

Take 70 to 71 North follow: From the South directions.



Please make a copy for your records